FEC FORM 2

STATEMENT OF CANDIDACY

	ne of Candidate (in full)									
PALAZZO, STEVEN MCCARTY, , ,										
	(b) Address (number and street) ☐ Check if address changed P.O. BOX 4634					Candidate's FEC Identification Number H0MS04120				
	State, and ZIP Code					3. Is This			Amended	
	_OXI		MS	3953		Statem	. ,) OR	(A)	
4. Party A		5. Office Sou	ght		6. State & Dist		ate			
REPU	BLICAN PARTY	House			MS	04				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s). (year of election)										
NOTE: This designation should be filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full) PALAZZO FOR CONGRESS										
()	ress (number and street st Office Box 6217	t)								
(c) City	State, and ZIP Code									
G	ulfport			MS	39506					
	·									
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)										
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.										
NOTE: This designation should be filed with the principal campaign committee.										
(a) Name of Committee (in full)										
PATRIOT POLITICAL ACTION COMMITTEE										
/h\ Address /www.horendotes.ch\										
	ress (number and street 55 HIGHWAY 67 SUIT									
(c) City	State, and ZIP Code									
ВІ	LOXI				MS	39532				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Signature of Candidate						Date				
PALAZZO	, STEVEN MCCARTY, , ,			[Elec	tronically Filed]	01/29/201	19			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)